

10/589465

10/589465 PCT/PTO 14 AUG 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title::  
HAND-HELD ELECTRONICALLY  
CONTROLLED INJECTION DEVICE FOR  
INJECTING LIQUID MEDICATIONS  
Attorney Docket Number::  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 21  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity  
Given Name:: VINCENT  
Middle Name::  
Family Name:: PONGPAIROCHANA  
Name Suffix::  
City of Residence:: LA CONVERSION  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing ROUTE DE BELMONT 47  
Address::  
City of Mailing Address:: LA CONVERSION  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 1093

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: TIMOTHY  
Middle Name:: JOHN  
Family Name:: MACLEAN  
Name Suffix::  
City of Residence:: BATH AND SOUTH EAST SOMERSET  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing FLAT 3, 1 EDWARD STREET  
Address:: BATHWICK  
City of Mailing Address:: BATH AND SOUTH EAST SOMERSET

State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: BA2 4DU

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name::  
Family Name:: FRASSER  
Name Suffix::  
City of Residence:: ALTHOFEN  
State or Province of  
Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: ALTHOFNER STRASSE 20  
City of Mailing Address:: ALTHOFEN  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: 9330

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: GERHARD  
Middle Name::  
Family Name:: LAUCHARD  
Name Suffix::  
City of Residence:: SILBEREGG  
State or Province of  
Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: SILBER STRASSE 21

Address::

City of Mailing Address:: SILBEREGG

State or Province of Mailing Address::

Country of Mailing Address:: AUSTRIA

Postal or Zip Code of Mailing Address:: 9334

Applicant Authority Type:: Inventor

Primary Citizenship Country:: AUSTRIA

Status:: Full Capacity

Given Name:: WERNER

Middle Name::

Family Name:: WURMBAUER

Name Suffix::

City of Residence:: KLAGENFURT

State or Province of  
Residence::

Country of Residence:: AUSTRIA

Street of Mailing Address:: TESSENDORFER STRASSE 117

Address::

City of Mailing Address:: KLAGENFURT

State or Province of Mailing Address::

Country of Mailing Address:: AUSTRIA

Postal or Zip Code of Mailing Address:: 9020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: AUSTRIA

Status:: Full Capacity

Given Name:: GERHARD

Middle Name::

Family Name:: KOGLER

Name Suffix::

City of Residence:: ALTHOFEN

State or Province of  
Residence::

Country of Residence:: AUSTRIA  
 Street of Mailing BUNSENWEG 57/5  
 Address::  
 City of Mailing Address:: ALTHOFEN  
 State or Province of Mailing Address::  
 Country of Mailing Address:: AUSTRIA  
 Postal or Zip Code of Mailing Address:: 9330

**Correspondence Information**

Correspondence Customer 00466  
 Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/050711	2/17/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	04100647.9	2/18/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::